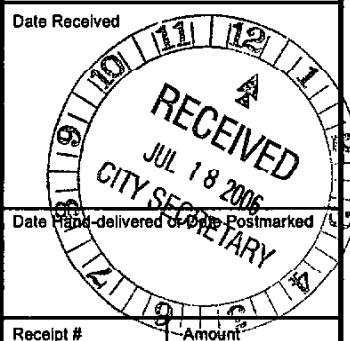


**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****FORM C/OH  
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission filers)  
00000012**2 PAGE #**  
1 of 14**3 CANDIDATE /  
OFFICEHOLDER  
NAME**MS / MRS / MR FIRST MI  
Mr. George  
NICKNAME LAST SUFFIX  
Hittner**OFFICE USE ONLY**

Date Received



Date Paid delivered or Date Postmarked

Receipt #

Amount

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**☐ Change of AddressADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
3405 Edloe St  
Ste 380  
Houston, TX 77027-6523**5 CAMPAIGN  
TREASURER  
NAME**MS / MRS / MR FIRST MI  
Mr. Alvin  
NICKNAME LAST SUFFIX  
Zimmerman

Date Processed

Date Imaged

**6 CAMPAIGN  
TREASURER  
ADDRESS**  
(Residence or business)STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
3040 Post Oak Blvd  
Ste 1300  
Houston, TX 77056**7 CAMPAIGN  
TREASURER  
PHONE**AREA CODE PHONE NUMBER EXTENSION  
(713) 552-1234**8 REPORT TYPE**☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)**9 PERIOD  
COVERED**Month Day Year THROUGH Month Day Year  
01/01/2006 06/30/2006**10 ELECTION**ELECTION DATE ELECTION TYPE  
Month Day Year  
11/07/2006 ☐ Primary ☐ Runoff ☒ General ☐ Special**11 OFFICE**

OFFICE HELD (if any)

**12 OFFICE SOUGHT (if known)****13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS**

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address/PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****14 C/OH NAME** Hittner, George (Mr.)**15 ACCOUNT #** (Ethics Commission filers)  
00000012.**16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE****COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****17 CONTRIBUTION  
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

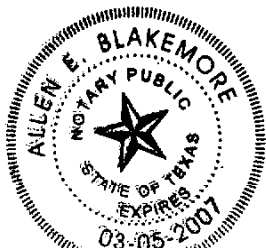
\$ 19,408.08

**CONTRIBUTION  
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 4,891.10

**OUTSTANDING  
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

**18 AFFIDAVIT**

AFFIX NOTARY STAMP/SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder
Sworn to and subscribed before me, by the said GEORGE HITTNER, this the 17<sup>th</sup> day of July, 20 06, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

ALLEN E. BLAKEMORE
  
Print name of officer administering oath

NOTARY
  
Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

The <b>INSTRUCTION GUIDE</b> explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/9 Report: 3/14	
<b>2</b> FILER NAME Hittner, George (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000012	
<b>4</b> Date  01/11/2006	<b>5</b> Payee name Anne Clutterbuck Campaign  ..... <b>6</b> Payee address; City; State; Zip Code 7670 Woodway #110 Houston, TX 77063	<b>7</b> Amount (\$)  \$500.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Sponsorship  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location
			<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  02/07/2006	<b>5</b> Payee name Blakemore & Associates  ..... <b>6</b> Payee address; City; State; Zip Code 3405 Edloe Suite 380 Houston, TX 77027-6523	<b>7</b> Amount (\$)  \$7,885.30	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Phone Bank - 1157.28 Computer 5344.52 Contract Labor - 1383.50  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location
			<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/9 Report: 4/14	
2 FILER NAME Hittner, George (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000012	
4 Date  04/27/2006	5 Payee name Blakemore & Associates  6 Payee address; City; State; Zip Code 3405 Edloe Suite 380 Houston, TX 77027-6523	7 Amount (\$)  \$848.65	
8 Purpose of payment (See instructions regarding type of information required.) Consulting Fees  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date  05/04/2006	5 Payee name Blakemore & Associates  6 Payee address; City; State; Zip Code 3405 Edloe Suite 380 Houston, TX 77027-6523	7 Amount (\$)  \$11.77	
8 Purpose of payment (See instructions regarding type of information required.) Couriers  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 3/9 Report: 5/14

**2** FILER NAME Hittner, George (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000012

<b>4</b> Date  04/27/2006	<b>5</b> Payee name Charles Bacarisse Campaign  ..... <b>6</b> Payee address; City; State; Zip Code One Riverway #1700 Houston, TX 77056	<b>7</b> Amount (\$)  \$310.00
---------------------------------	--	---

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Sponsorship  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	---

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  03/29/2006	<b>5</b> Payee name Felicia Kyle Campaign  ..... <b>6</b> Payee address; City; State; Zip Code 3112 E Sumac Pearland, TX 77584	<b>7</b> Amount (\$)  \$100.00
---------------------------------	--	---

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Sponsorship  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	---

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 4/9 Report: 6/14

**2** FILER NAME Hittner, George (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000012

<b>4</b> Date  03/24/2006	<b>5</b> Payee name Hittner, George  ..... <b>6</b> Payee address; City; State; Zip Code 7490 Brompton Rd #224 Houston, TX 77025	<b>7</b> Amount (\$)  \$816.09
---------------------------------	--	---

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Schedule G Reimbursement  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  04/27/2006	<b>5</b> Payee name Hittner, George  ..... <b>6</b> Payee address; City; State; Zip Code 7490 Brompton Rd #224 Houston, TX 77025	<b>7</b> Amount (\$)  \$300.00
---------------------------------	--	---

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Schedule G Reimbursement  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 5/9 Report: 7/14

**2** FILER NAME Hittner, George (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000012

<b>4</b> Date  05/12/2006	<b>5</b> Payee name Hittner, George  <b>6</b> Payee address; City; State; Zip Code 7490 Brompton Rd #224 Houston, TX 77025	<b>7</b> Amount (\$)  \$132.95
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Schedule G Reimbursement  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  01/26/2006	<b>5</b> Payee name Houston Photo Imaging  <b>6</b> Payee address; City; State; Zip Code 2621 S Shepherd #140 Houston, TX 77098	<b>7</b> Amount (\$)  \$995.90
---------------------------------	--	--------------------------------------

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Photography  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 6/9 Report: 8/14

**2** FILER NAME Hittner, George (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000012

**4** Date

02/23/2006

**5** Payee name

Key Professional Media Inc

**7**

Amount

(\$)

\$289.57

**6** Payee address; City; State; Zip CodeOxford Bldg #201  
Newark, DE 19702**8** Purpose of payment

(See instructions regarding type of information required.)

Print Advertising

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*

Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

03/24/2006

**5** Payee name

Label Technology Company

**7**

Amount

(\$)

\$420.00

**6** Payee address; City; State; Zip CodeP O Box 35287  
Houston, TX 77235-0287**8** Purpose of payment

(See instructions regarding type of information required.)

Miscellaneous Communications

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*

Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 7/9 Report: 9/14

**2** FILER NAME Hittner, George (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000012

<b>4</b> Date  01/04/2006	<b>5</b> Payee name Levine, Burt  <b>6</b> Payee address; City; State; Zip Code 3207 Rimrock Missouri City, TX 77459	<b>7</b> Amount (\$)  \$100.00
---------------------------------	---	---

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Contract Labor  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
---	---

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  02/13/2006	<b>5</b> Payee name Muscular Dystrophy Association  <b>6</b> Payee address; City; State; Zip Code 5615 Kirby Dr Ste 500 Houston, TX 77005	<b>7</b> Amount (\$)  \$100.00
---------------------------------	--	---

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Sponsorship  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	---

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 8/9 Report: 10/14

**2** FILER NAME Hittner, George (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000012

<b>4</b> Date  03/23/2006	<b>5</b> Payee name The Jewish Federation Of Greater Houston  <b>6</b> Payee address; City; State; Zip Code 5603 South Braeswood Blvd Houston, TX 77096-3998	<b>7</b> Amount (\$)  \$75.00
---------------------------------	---	--

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Sponsorship  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	---

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  01/24/2006	<b>5</b> Payee name US Postmaster  <b>6</b> Payee address; City; State; Zip Code 700 Smith Houston, TX 77002	<b>7</b> Amount (\$)  \$1,014.00
---------------------------------	---	---

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Voter Contact  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
--	---

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 9/9 Report: 11/14	
<b>2</b> FILER NAME Hittner, George (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000012	
<b>4</b> Date  05/31/2006	<b>5</b> Payee name Wesley Education Fund  <b>6</b> Payee address; City; State; Zip Code 2209 Dowling Street Houston, TX 77003	<b>7</b> Amount (\$)  \$500.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Sponsorship  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location
			<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  05/17/2006	<b>5</b> Payee name Western Lithograph  <b>6</b> Payee address; City; State; Zip Code 4335 Directors Row Houston, TX 77092	<b>7</b> Amount (\$)  \$3,759.81	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Voter Contact  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location
			<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**The **INSTRUCTION GUIDE** explains how to complete this form.**1 PAGE #**

Schedule: 1/3 Report: 12/14

**2 FILER NAME** Hittner, George (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

00000012

<b>4 Date</b>  03/18/2006	<b>5 Payee name</b> Best Buy  <b>6 Payee address; City; State; Zip Code</b> 5133 Richmond Ave. Houston, TX 77056	<b>7 Amount (\$)</b>  \$119.05  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
---------------------------------	---	---

**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
computer expense☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>10 Departure city / location</b>	<b>11 Departure date</b>	<b>12 Destination city / location</b>	<b>13 Arrival date</b>
<b>14 Means of transportation</b>		<b>15 Purpose of travel</b>	

<b>4 Date</b>  03/19/2006	<b>5 Payee name</b> Best Buy  <b>6 Payee address; City; State; Zip Code</b> 5133 Richmond Ave. Houston, TX 77056	<b>7 Amount (\$)</b>  \$302.99  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
---------------------------------	---	---

**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
computer expense☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>10 Departure city / location</b>	<b>11 Departure date</b>	<b>12 Destination city / location</b>	<b>13 Arrival date</b>
<b>14 Means of transportation</b>		<b>15 Purpose of travel</b>	

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 2/3 Report: 13/14

**2 FILER NAME** Hittner, George (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

00000012

<b>4 Date</b>  02/19/2006	<b>5 Payee name</b> Fry's Electronics  <b>6 Payee address; City; State; Zip Code</b> 11565 SW Fwy Houston, TX 77031	<b>7 Amount (\$)</b>  \$119.05  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
---------------------------------	--	---

**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Computer expense☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>10 Departure city / location</b>	<b>11 Departure date</b>	<b>12 Destination city / location</b>	<b>13 Arrival date</b>
<b>14 Means of transportation</b>		<b>15 Purpose of travel</b>	

<b>4 Date</b>  01/25/2006	<b>5 Payee name</b> Levy Restaurant  <b>6 Payee address; City; State; Zip Code</b> 1510 Polk St Houston, TX 77002	<b>7 Amount (\$)</b>  \$275.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
---------------------------------	--	---

**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Public Relations: Meals☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>10 Departure city / location</b>	<b>11 Departure date</b>	<b>12 Destination city / location</b>	<b>13 Arrival date</b>
<b>14 Means of transportation</b>		<b>15 Purpose of travel</b>	

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 3/3 Report: 14/14

**2 FILER NAME** Hittner, George (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

00000012

<b>4 Date</b>  04/26/2006	<b>5 Payee name</b> Pappas Brothers Steakhouse  <b>6 Payee address; City; State; Zip Code</b> 5839 Westheimer Houston, TX 77057	<b>7 Amount (\$)</b>  \$300.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Public Relations: Meals☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>10 Departure city / location</b>	<b>11 Departure date</b>	<b>12 Destination city / location</b>	<b>13 Arrival date</b>
<b>14 Means of transportation</b>		<b>15 Purpose of travel</b>	

<b>4 Date</b>  05/12/2006	<b>5 Payee name</b> Register.Com  <b>6 Payee address; City; State; Zip Code</b> 575 Eighth Ave 11th Fl New York, NY 10018	<b>7 Amount (\$)</b>  \$132.95  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
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**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Web Registration☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>10 Departure city / location</b>	<b>11 Departure date</b>	<b>12 Destination city / location</b>	<b>13 Arrival date</b>
<b>14 Means of transportation</b>		<b>15 Purpose of travel</b>	

**Validation Results for Report : COH Hittner,20060101,20060630****Report passed validation.**

Passing validation does not mean that all required information has been included in the report. The validator ensures that CERTAIN required information is included. You should review the applicable Ethics Commission guide and the software HELP to ensure that ALL required information is included.

**Error Level Key**

**Level 12-** Errors indicate that a field contains unacceptable data (such as letters in a zip code field). Level 12 errors must be corrected in order to print or process a report.

**Level 08-** Errors indicate non-compliance with reporting requirements (such as no amount entered for a contribution). Level 8 errors must be corrected in order to file a report.

**Level 06-** Errors indicate non-compliance with reporting requirements. Although Level 6 errors should be corrected for legal compliance, it is possible to file a report with Level 6 errors.

**Notes:** You may find it helpful to print a copy of this document. To fix errors, go back to the software and open the Data Entry Screen indicated below. Locate the Item\_ID in the grid at the top of the data entry screen and click on it to highlight that row. Click on the 'Edit' button at the bottom of the screen and make the changes necessary to fix the error, then click on the 'Save' button. Repeat this procedure for each error below. If an Item ID# on this page contains the phrase 'TRVL' then the error is under 'Enter Travel Info.'

**Results Summary**

Level 12 Errors	Level 08 Errors	Level 06 Errors	
0	0	0	

The following errors were encountered during the validation:

Error Level	Data Entry Screen	Field Where Error Occurred	ERF Field #	Item ID #	Field Content	Error Message